## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

| ī | Application or Docket Number |
|---|------------------------------|
| ı | $\mathcal{L}$                |
| ı | N81011931                    |
| ı | (X)(X)(X)(Y)                 |

| CLAIMS AS FILED - PART I OTHER THAN |  |   |              |   |                  |                     |                        |                |                       |                        |   |
|-------------------------------------|--|---|--------------|---|------------------|---------------------|------------------------|----------------|-----------------------|------------------------|---|
|                                     |  |   | Column 1)    | mn 2)                                       | SMALL            | ENTITY              | OR                     | SMALL          |                       | l                      |   |
| FC                                  | OR   | NUMBI                                     | ER FILED     | NUMBER                                      | EXTRA            | RATE                | FEE                    | ]              | RATE                  | FEE                    | 1 |
| BASIC FEE                           |  |   |              |   |                  |                     | 385.00                 | OR             |                       | 770.00                 |   |
| TC                                  | TAL CLAIMS   | (Oc                                       | A minus 2    | 20= * 46                                    | 2                | X\$11=              |                        | OR             | X\$22=                | 924                    |   |
| INE                                 | EPENDENT CL  | AIMS 8                                    | minus        | 3= * 5                                      |                  | X40=                |                        | OR             | X80=                  | 400                    | 1 |
| ML                                  | ILTIPLE DEPEN  | DENT CLAIM P                              | RESENT       |   |                  | +130=               |                        | OR             | +260=                 |                        | 1 |
| * If                                | the difference   | in column 1 is                            | less than ze | ero, enter "0" in c                         | olumn 2          | TOTAL               |                        | OR             | TOTAL                 | 2094                   | W |
|                                     | CI   | LAIMS AS A                                | MENDED       | - PART II                                   |                  |                     |                        | <b>1</b> 0     | OTHER                 | THAN                   | 1 |
|                                     |  | (Column 1)                                |              | (Column 2)                                  | (Column 3)       | SMALL               | ENTITY                 | OR             | SMALL                 |                        |   |
| AMENDMENT A                         | GH   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | A Service    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE | OR             | RATE                  | ADDI-<br>TIONAL<br>FEE |   |
| MON                                 | Total  | * 54                                      | Minus        | ** 62                                       | =                | X\$11=              |                        | OR             | X\$22=                |                        |   |
| AME                                 | Independent  | * 9                                       | Minus        | *** 5                                       | =                | X40=                |                        | OR             | X80=                  |                        |   |
|                                     | FIRST PRESE  | MIAHON OF M                               | ULTIPLE DEF  | PENDENT CLAIM                               | j·               | +130=               |                        | OR             | +260=                 |                        |   |
|                                     |  |   |              |   |                  | TOTAL               |                        |                | TOTAL                 |                        | ł |
|                                     |  | (Column 1)                                |              | (Column 0)                                  | (Column 0)       | ADDIT. FEE          | <b>L</b>               | OR             | ADDIT. FEE            |                        | ł |
| 1200                                |  | (Column 1)<br>CLAIMS                      |              | (Column 2)<br>HIGHEST                       | (Column 3)       |                     | ADDI-                  | 1 1            | <del></del>           | ADDI-                  | ł |
| 9 L                                 |  | REMAINING                                 |              | NUMBER                                      | PRESENT          |                     | ZIONAL"                | Ser.           | BATE                  | TIONAL                 |   |
| MEN                                 |  | AMENDMENT                                 |              | PAID FOR                                    |                  |                     |                        |                |                       | FEE                    |   |
| AMENDMENT                           | Total  |   | winus        | ** 67                                       | = (3)            | X\$11=              |                        | OR             | X\$22=                | C"                     | - |
| ME                                  | Independent  | The second second                         | 27 27        | 0   |                  | X4U=                |                        | es bigginesses | And the second second |                        |   |
| _                                   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF  | PENDENT CLAIM                               |                  | 74.0                |                        | OH             |                       | 70                     | Γ |
|                                     |  |   |              | (144)                                       |                  | +130=               |                        | OR             | +260=                 |                        |   |
|                                     |  |   |              |   |                  | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT. FEE   | 31                     |   |
|                                     |  | (Column 1)                                |              | (Column 2)                                  | (Column 3)       |                     |                        |                |                       |                        |   |
| AMENDMENT C                         |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE | OR             | RATE                  | ADDI-<br>TIONAL<br>FEE |   |
| MQN                                 | Total  | *   | Minus        | **  | =                | X\$11=              |                        | OR             | X\$22=                |                        |   |
| ME                                  | Independent  | *   | Minus        | ***   | =                | X40=                |                        |                | X80=                  |                        |   |
| lacksquare                          | FIRST PRESE  | NTATION OF M                              | 7,402        |   | OR               | 7.00-               |                        | 1              |                       |                        |   |
| +130= OR +260=                      |  |   |              |   |                  |                     |                        |                |                       |                        |   |
| **                                  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |   |                  |                     |                        |                |                       |                        |   |

|   |   |  |                             |             |                   |                                      |                                 |                  |                | (                            | · OB                       | 1/2       | 3/28                      | _                      |
|---|---|--|-----------------------------|-------------|-------------------|--------------------------------------|---------------------------------|------------------|----------------|------------------------------|----------------------------|-----------|---------------------------|------------------------|
|   |   | PATENT   | APPLI                       |             | ON FEE [          |                                      |                                 | TON REC          | ORD            | į.                           | Application                | _         | ket Numbe                 |                        |
|   |   |  | CL                          | AIMS A      | PART              | 9                                    |                                 |                  |                | L ENTITY                     | OTHER THAN OR SMALL ENTITY |           |                           |                        |
|   | FOF   | }  | <del></del>                 | R FILED     | EXTRA             | ] [                                  | TYPE<br>RATE                    | FEE              | ]              | RATE                         | FEE                        |           |                           |                        |
| ł | BASI  | C FEE  |                             |             |                   |                                      |                                 |                  | (A-6)          | 395.00                       | OR                         |           | 790.00                    |                        |
|   | TOTA  | AL CLAIMS                                      |                             | 62          | minu              | s 20 = + H 2                         |                                 |                  | ×              | \$11=                        |                            | OR        | x\$22=                    | 924                    |
|   | INDEPENDENT CLAIMS  |  |                             |             | mini              | us 3 = *                             | . 5                             |                  |                | (41=                         |                            | OR        | x82=                      | 4/0                    |
| ŀ |   | TIPLE DEPEND                                   |                             |             |                   |                                      |                                 |                  | J <del> </del> | 135=                         |                            | OR        | +270=                     |                        |
| ŀ | * If th   | ne difference in co                            | olumn 1 is I                | less than : | zero, enter "O" i | in column 2                          | 2                               |                  | 1              | OTAL                         |                            | OR        | TOTAL                     | 2124                   |
|   |   |  | (Colur                      | nn 1)       | AMENDED           | O - PART II<br>(Column 2) (Column 3) |                                 |                  | •• ·           | SMAL                         | L ENTITY                   | OR        |                           | R THAN<br>. ENTITY     |
|   | AMENDMENT A   |  | CLA<br>REMA<br>AFT<br>AMENE | INING<br>ER |                   | NUN<br>PREV                          | HEST<br>MBER<br>IOUSLY<br>FOR   | PRESENT<br>EXTRA | F              | RATE                         | ADDI-<br>TIONAL<br>FEE     |           | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | NDN   | Total  | *                           |             | Minus             | **                                   |                                 | =                | x              | \$11=                        |                            | OR        | x\$22=                    |                        |
|   | 4ME   | Independent                                    | *                           |             | Minus             | ***                                  |                                 | =                | X              | 41=                          |                            | OR        | x82=                      |                        |
| 1 |   | FIRST PRES                                     | SENTAT                      | ION OF      | MULTIPLE          | DEPEN                                | DENT CL                         | AIM              | ] [+1          | 135=                         |                            | OR        | +270=                     |                        |
|   |   |  | (Colur                      | nn 1)       |                   | (Colu                                | ımn 2)                          | (Column 3)       |                | TOTAL<br>IT. FEE             |                            | OR        | TOTAL<br>ADDIT. FEE       |                        |
|   | ENT B $\ell$  |  | CLA<br>REMA<br>AFT<br>AMEND | INING<br>ER |                   | NUN<br>PREVI                         | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA | F              | RATE`                        | ADDI-<br>TIONAL<br>FEE     |           | RATE                      | ADDI-<br>TIONAL<br>FEE |
| 1 | V DW  | Total  | *                           |             | Minus             | s **                                 |                                 | =                | x              | \$11=                        |                            | OR        | x\$22=                    |                        |
|   | AMENÉMENT   | Independent                                    | ent * Minus ***             |             |                   |                                      |                                 | =                | X              | 41=                          |                            | OR        | x82=                      |                        |
|   | _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                             |             |                   |                                      |                                 |                  | +1             | 135=                         |                            | OR        | +270=                     |                        |
|   |   | (Column 1) (Column 2) (C                       |                             |             |                   |                                      |                                 |                  |                | TOTAL<br>IT. FEE             |                            | OR        | TOTAL<br>ADDIT, FEE       |                        |
|   | AMENDMENT C   |  | CLA<br>REMA<br>AFT<br>AMENC | ining<br>Er |                   | NUN<br>PREVI                         | HEST<br>MBER<br>IOUSLY<br>FOR   | PRESENT<br>EXTRA | Я              | ATE                          | ADDI-<br>TIONAL<br>FEE     |           | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | NON   | Total  | *                           |             | Minus             | **                                   |                                 | =                | xs             | §11=                         |                            | OR        | x\$22=                    |                        |
|   | \ME   | Independent                                    | dependent *                 |             |                   | ***                                  |                                 | =                | X              | 41=                          |                            | OR        | x82=                      |                        |
|   | _   |  |                             |             |                   |                                      |                                 |                  | ] [+1          | 135=                         |                            | OR        | +270=                     |                        |
|   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number for |  |                             |             |                   |                                      |                                 |                  |                | TOTAL<br>IT. FEE<br>ne appro |                            | OR Column | TOTAL<br>ADDIT. FEE<br>1. |                        |

Continuation

|  | PATENT A                                       |   | TION FEE I                 | RD        | 2485/3                              |                                   |                      |                   |                        |                |                    |                        |
|--|--|---|----------------------------|-----------|-------------------------------------|-----------------------------------|----------------------|-------------------|------------------------|----------------|--------------------|------------------------|
|  |  | ;                                       | SMALL ENTITY OR SMALL ENTI |           |                                     |                                   |                      |                   |                        |                |                    |                        |
| FOR NUMBER FILED   |  |   |                            |           | NUMBER EXTRA R                      |                                   |                      | RATE              | FEE                    |                | RATE               | FEE                    |
| BASIC FEE  |  |   |                            |           |                                     |                                   |                      |                   | \$355.00               | OR             |                    | \$710.00               |
| TOTAL CLAIMS   |  |   |                            |           |                                     | 3                                 |                      | x\$11=            | 8                      | OR             | x\$22=             | 924                    |
| INDE   | PENDENT CLA                                    | IMS                                     | (/                         | us 3 =    | • 5                                 |                                   | x 37=                |                   | OR                     | x 74=          | 3:70               |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM                              | PRESENT                    |           |                                     |                                   |                      | +115=             |                        | OR             | +230=              |                        |
| * If the difference in column 1 is less then zero, enter "0" in column 2   |  |   |                            |           |                                     |                                   |                      | TOTAL             |                        | OR             | TOTAL              | 2004                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |                            |           |                                     |                                   | ;                    | SMALL I           | ENTITY                 | OR             | OTHER T            |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDMEI |                            | NU<br>PRE | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA                  |                      | RATE              | ADDI-<br>TIONAL<br>FEE | OR             | RATE               | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | .62                                     | Minus                      | ··6       | 7 -                                 |                                   |                      | x\$11=            |                        |                | x\$22=             |                        |
| AME  | Independent                                    | . 8                                     | Minus                      | ***       | 8                                   | =                                 |                      | x 37=             |                        | OR<br>OR       | x 74=              |                        |
|  | FIRST PRES                                     | SENTATION C                             | OF MULTIPLE DI             | EPENDE    | ENT CLAIM                           |                                   | ]   .                | + 115=            |                        | OR             | +230=              |                        |
|  | (Column 1) (Colu                               |   |                            |           | lumn 2)                             | TOT<br>umn 2) (Column 3) ADDIT. F |                      |                   |                        | OR<br>Al       | TOTAL<br>DDIT. FEE |                        |
| NDMENT B   |  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDMEI |                            | NL<br>PRE | SHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA                  |                      | RATE              | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR | RATE               | ADDI-<br>TIONAL<br>FEE |
| ZDV  | Total  | *                                       | Minus                      | **        |                                     | =                                 |                      | x\$11=            |                        |                | x\$22=             |                        |
| AME  | Independent                                    | *                                       | Minus                      | ***       |                                     | =                                 |                      | x 37=             |                        |                | x 74=              |                        |
| _  | FIRST PRE                                      | SENTATION (                             | ENT CLAIM                  |           | ][                                  | 115=                              |                      | OR                | + 230=                 |                |                    |                        |
|  |  | (Column 1)                              | •                          | (Co       | lumn 2)                             | (Column 3)                        | AD                   | TOTAL<br>DIT. FEE |                        | OR A           | TOTAL<br>DDIT. FEE |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDME  | G                          | NL<br>PRE | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA                  |                      | RATE              | ADDI-<br>TIONAL<br>FEE |                | RATE               | ADDI-<br>TIONAL<br>FEE |
| NDN  | Total  | •                                       | Minus                      | **        |                                     | =                                 | $\int \int_{\gamma}$ | \$11=             |                        | OR             | x\$22=             |                        |
| AME  | Independent                                    | *                                       | Minus                      | ***       |                                     | =                                 | ][                   | x 37=             |                        | OR<br>OR       | x 74=              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                            |           |                                     |                                   |                      |                   |                        | OR             | +230=              |                        |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL  TOTAL  OR TOTAL  ADDIT. FEE  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the engropriate box in column 1. |  |   |                            |           |                                     |                                   |                      |                   |                        |                |                    |                        |

